

**FY02 CBVet School Schedule
17JUL01 REV 00**

COURSE	CDP	CIN	UIC	MAX	Gulfport, MS						
BU-AT1	3299	A-710-0036	31168	24	07-Jan-02	25-Feb-02	29-Apr-02	03-Jun-02	15-Jul-02	19-Aug-02	
BU-AT2	329A	A-710-0037	31168	24	28-Jan-02	11-Mar-02	08-Apr-02	13-May-02	29-Jul-02	03-Sep-02	
SW-AT1	329B	A-711-0019	31168	12	04-Feb-02	08-Apr-02	08-Jul-02	12-Aug-02			
SW-AT2	329C	A-711-0020	31168	12	22-Apr-02	03-Jun-02	22-Jul-02	09-Sep-02			
EO-AT1	329T	A-730-0003	31168	24	04-Feb-02	18-Mar-02	15-Apr-02	13-May-02	10-Jun-02	08-Jul-02	19-Aug-02
EO-AT2	329U	A-730-0004	31168	24	07-Jan-02	25-Feb-02	01-Apr-02	29-Apr-02	28-May-02	22-Jul-02	09-Sep-02

******* Please note these are only START DATES**

COURSE	CDP	CIN	UIC	MAX	Port Hueneme, CA								
CE-AT1	329K	A-721-0026	30633	24	07-Jan-02	04-Feb-02	01-Apr-02	15-Apr-02	29-Apr-02	13-May-02	03-Jun-02	15-Jul-02	12-Aug-02
CE-AT2	329S	A-721-0027	30633	12	04-Mar-02	18-Mar-02	17-Jun-02	29-Jul-02	26-Aug-02	09-Sep-02			
CM-AT1	328S	A-610-0024	30633	25	25-Feb-02	01-Apr-02	03-Jun-02	15-Jul-02	19-Aug-02				
CM-AT2	3296	A-610-0025	30633	25	04-Feb-02	11-Mar-02	15-Apr-02	17-Jun-02	29-Jul-02	16-Sep-02			
UT-AT1	329H	A-720-0039	30633	12	22-Jan-02	25-Mar-02	17-Jun-02	05-Aug-02					
UT-AT2	329J	A-720-0040	30633	12	08-Apr-02	22-Jul-02	19-Aug-02	16-Sep-02					

******* Please note these are only START DATES**

All courses have 10 class days, except for classes impacted by 21JAN02 (MLK); 27MAY02 (Mem.Day); and 02SEP02 (Labor Day).
Orders will start on the days listed above. Classes starting on 22JAN02, 28MAY02 and 03SEP02 must use a Federal "holiday" for travel time.

REQUEST FOR TRAINING ORDERS

SEE COMNAVRESFORINST 1571.7G

PRIVACY ACT STATEMENT: The authority to request this information is contained in 5 U.S.C. 301 departmental regulations. The principal purpose is to enable you to make known your desire for training duty. The information will be used to assist in determining your eligibility for and approving or disapproving the training duty being requested. Completion of the form is voluntary, however, failure to provide the required information may result in delays, response to or disapproval of your request.

1. SSN:		2. GRADE	3. NAME (LAST, FIRST MIDDLE)	
4. DESIG/NEC:	5. SEX:	6. WORK PHONE		7. HOME PHONE:
8. HOME ADDRESS:		RESERVE UNIT ASSIGNED:		AUIC: _____ IRAD: _____ RUIC: _____ RBSC: _____
9. TYPE: () AT () IDTT () ADT () GROUP () IADT () INVOL () NON-PAY () MOD () BACK-TO-BACK				
10. A: REPORT [CHOICE #1] DATE: _____ TIME: _____		10. B. NUMBER DAYS: AT: _____ ADT _____ IDTT DAYS: _____	10. C. DESTINATION LOCATION : _____ UIC: _____ COURSE: CDP _____ /CIN _____ COURSE NAME: _____	
10. A: REPORT [CHOICE #2] DATE: _____ TIME: _____		10. B. NUMBER DAYS: AT: _____ ADT _____ IDTT DAYS: _____	10. C. DESTINATION LOCATION : _____ UIC: _____ COURSE: CDP _____ /CIN _____ COURSE NAME: _____	
11. DESTINATION COMMAND CONTACTED: YES / NO		POC: _____		PHONE: _____
12. TRAVEL ITINERARY DATES: AIRPORT DEP: _____ AIRPORT ARR: _____ DATE DEPART: _____ TIME (NET): _____ TIME (NLT): _____ DATE RETURN: _____		13. TYPE TRAVEL: () CONUS () OUTCONUS () NATO 1. () GTR Directed/Arranged by NAVPTO/NOLA 2. () Govt. Transportation Directed/ (Airlift/NALO) 3. () POV Authorized As Most Advantageous To The Government 4. () POV Authorized Not To Exceed GTR 5. () Transoceanic/International Travel 6. () Local Commute 7. () Program Manager Use Only 8. () Program Manager Use Only 9. () Program Manager Use Only		
14. JUSTIFICATION/REMARKS: CB-VET COORDINATOR NAME & TEL. #: STANDARDS OF CONDUCT/CONFLICT OF INTEREST STATEMENT: I understand that during my active duty, I am subject to Defense Department and Navy Department Standards of Conduct directives. I also understand that I am subject to the same standards of conduct directives during any time I am performing inactive duty (drills). I will, during any duty I perform take no action which will amount to or reasonably create the appearance of using any military position for personal gain or the benefit of my civilian employer. I will also refrain from using or reasonably creating the appearance of using information I obtain while on duty for person gain or the benefit of my civilian employer. If events occur which might cast doubt on my ability to follow these standards, I will promptly notify my military superiors.				
15. DATE:		16. APPLICANTS SIGNATURE:		
CERTIFICATION - MEMBER IS FULLY QUALIFIED FOR REQUESTED DUTY AND MEETS THE HIV AND BODY FAT REQUIREMENTS AND ALL PREREQUISITES FOR REQUESTED COURSE				
17. REPORTING/ADDITIONAL INSTRUCTIONS/TEXT CODE:				
18. APPROVED DISAPPROVED () ()		UNIT CO/GCL/OIC		DATE:
18. APPROVED DISAPPROVED () ()		RESFMS SITE REVIEW		DATE:
20. REMARKS/DISAPPROVAL CODE:				

REQUEST FOR TRAINING ORDERS

SEE COMNAVRESFORINST 1571.7G

PRIVACY ACT STATEMENT: The authority to request this information is contained in 5 U.S.C. 301 departmental regulations. The principal purpose is to enable you to make known your desire for training duty. The information will be used to assist in determining

1. SSN: 123-45-6789		2. GRADE E-4	3. NAME (LAST, FIRST MIDDLE) EXAMPLE, Joe S.
4. DESIG/NEC: none	5. SEX: M	6. WORK PHONE (000) 000-0000	7. HOME PHONE: (999) 999-9999
8. HOME ADDRESS: 11235 Seabee Ave Seaport, CA		RESERVE UNIT ASSIGNED: NMCB-99	AUIC: <u>99999</u> IRAD: <u>12345</u> RUIC: <u>85106</u> RBSC: <u>(see RUAD)</u>
9. TYPE: (<input checked="" type="checkbox"/>) AT (<input type="checkbox"/>) IDTT (<input type="checkbox"/>) ADT (<input type="checkbox"/>) GROUP (<input type="checkbox"/>) IADT (<input type="checkbox"/>) INVOL (<input type="checkbox"/>) NON-PAY (<input type="checkbox"/>) MOD (<input type="checkbox"/>) BACK-TO-BACK			
10. A: REPORT [C H O I C E # 1] DATE: <u>08JAN01</u> [See CB-Vet Schedule] TIME: <u>0700</u>		10. B. NUMBER DAYS: AT: <u>12</u> ADT _____ IDTT DAYS: _____	10. C. DESTINATION LOCATION : <u>GULFPORT</u> UIC: <u>31168</u> COURSE: CDP <u>3299</u> /CIN <u>A-710-0036</u> [all this on CB-Vet Schedule] COURSE NAME: <u>BU Phase I (BU-1)</u>
10. A: REPORT [C H O I C E # 1] DATE: <u>25FEB02</u> [See CB-Vet Schedule] TIME: <u>0700</u>		10. B. NUMBER DAYS: AT: <u>12</u> ADT _____ IDTT DAYS: _____	10. C. DESTINATION LOCATION : <u>GULFPORT</u> UIC: <u>31168</u> COURSE: CDP <u>3299</u> /CIN <u>A-710-0036</u> [all this on CB-Vet Schedule] COURSE NAME: <u>BU Phase I (BU-1)</u>
11. DESTINATION COMMAND CONTACTED: YES		POC: <u>CUCM White</u>	PHONE: <u>DSN 868-2527</u>
12. TRAVEL ITINERARY DATES: AIRPORT DEP: <u>LAX</u> AIRPORT ARR: <u>New Orleans (MSY)</u> [close to Gulfport] DATE DEPART: <u>Day before Block #10. A.</u> TIME (NET): <u>0600</u> TIME (NLT): <u>1500</u> DATE RETURN: <u>Day after Block #10. B.</u>		13. TYPE TRAVEL: (<input checked="" type="checkbox"/>) CONUS (<input type="checkbox"/>) OUTCONUS (<input type="checkbox"/>) NATO 1. (<input checked="" type="checkbox"/>) GTR Directed/Arranged by NAVPTO/NOLA 2. (<input type="checkbox"/>) Govt. Transportation Directed/ (Airlift/NALO) 3. (<input type="checkbox"/>) POV Authorized As Most Advantageous To The Government 4. (<input type="checkbox"/>) POV Authorized Not To Exceed GTR 5. (<input type="checkbox"/>) Transoceanic/International Travel 6. (<input type="checkbox"/>) Local Commute 7. (<input type="checkbox"/>) Program Manager Use Only 8. (<input type="checkbox"/>) Program Manager Use Only 9. (<input type="checkbox"/>) Program Manager Use Only ["GTR" Means Gov't Transportation Request. Plane ticket & Rent-A-Car should be covered by checking this block.] [As stated on top of this form COMNAVRESFORINST 1571.7G is the instruction for these options.]	
14. JUSTIFICATION/REMARKS: CB-VET COORDINATOR NAME & TEL. #: BU2 (SCW) First M. Last-Name (999) 999-9999 STANDARDS OF CONDUCT/CONFLICT OF INTEREST STATEMENT: I understand that during my active duty, I am subject to Defense Department and Navy Department Standards of Conduct directives. I also understand that I am subject to the same standards of conduct dir			
15. DATE: [30 DAYS BEFORE BLOCK #10. A.]		16. APPLICANTS SIGNATURE: [CB-Vet Coordinator must have signed copy.]	
CERTIFICATION - MEMBER IS FULLY QUALIFIED FOR REQUESTED DUTY AND MEETS THE HIV AND BODY FAT REQUIREMENTS AND ALL PREREQUISITES FOR REQUESTED COURSE			
17. REPORTING/ADDITIONAL INSTRUCTIONS/TEXT CODE:			
18. APPROVED DISAPPROVED () ()		UNIT CO/GCL/OIC	DATE:
18. APPROVED DISAPPROVED () ()		RESFMS SITE REVIEW	DATE:
20. REMARKS/DISAPPROVAL CODE:			